

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013692

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 772

FILED MAR 19 1962

VS 300
Rev. 4/59

14005
24003

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b HRS	c. CITY OR TOWN Kirkwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10341 Manchester Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lucy E Staed			4. DATE OF DEATH Month Day Year Mar 4 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 11 1875
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales lady		10b. KIND OF BUSINESS OR INDUSTRY Famous Barr Dept Store	11. BIRTHPLACE (City and state or country) Monmouth Ill
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Thomas Staed	
13b. MOTHER'S MAIDEN NAME Lucy Hyland		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Agnes Riley Sullivan		Address 7 No. 7th St.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure DUE TO (b) arteriosclerotic heart disease with auricular fibrillation DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 24 hr 2-3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fractured R4. hip			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall in Nursing Home	
20c. TIME OF INJURY Hour a.m. p.m. 2:30		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home	
20e. CITY, TOWN, OR LOCATION St. Louis		20f. COUNTY St. Louis	
20g. STATE Mo.		20h. DATE OF INJURY 3/4/62	
21. I attended the deceased from 2/21/62 to 3/4/62 and last saw her alive on 3/4/62 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert E. Funsch M.D.		22b. ADDRESS 508 N. Grand (3)	22c. DATE SIGNED 3/5/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar 7 62	23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) St. Louis Mo.		23e. STATE Mo.	23f. COUNTY St. Louis
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. 3-5-62	26. REGISTRAR'S SIGNATURE John E. Murphy M.D.

USE BLACK INK OR TYPEWRITER RIBBON

DR. R. E. FURSCH
508 N. GRAND
UNIT 5 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jon B. Hollmer

Licensed Embalmer No. 4014

P. O. Address 315 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.